CLAIMS ONLY

Application Number	Filing Date
18 697243	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1							51							
2							52							/
3							53							/
4							54							/
5							55							/
6							56							/
7							57							/
8							58							/
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42							92							
43							93							
44							94							
45							95							
46						/	96							
47						/	97							
48						/	98							
49						/	99							
50							100							
Total Indep					1	/	Total Indep							
Total Depend					18		Total Depend							
Total Claims					19		Total Claims							